

DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICE REPORTING FORM

(Due 25 Days After Close of Each Quarter, or the First Business Day, by 5:00 PM)

**FVPSA Reporting Form
Fiscal Year 2007**

Reporting Period: From _____ To _____

Subgrantee Name: _____

Grant Project Number: _____

GOV FAX: (785) 291-3204

GOV: lori.jensen@gov.state.ks.us

Name of Individual Completing Form: _____

Phone Number: _____

Total Number of Domestic Violence and Sexual Assault Victims Receiving Face-To-Face Services:

	New			Total New Victims	Continuing			Total Continuing Victims	Returning			Total Returning Victims
	Women	Children	Men		Women	Children	Men		Women	Children	Men	
Unduplicated Number												
Domestic Violence												
Sexual Assault												

Total Number of Domestic Violence and Sexual Assault Victims Receiving Shelter/Transitional Housing:

	New			Total New Victims	Continuing			Total Continuing Victims	Returning			Total Returning Victims
	Women	Children	Men		Women	Children	Men		Women	Children	Men	
Shelter												
Unduplicated Number												
Domestic Violence												
Sexual Assault												
Transitional Housing												
Unduplicated Number												
Domestic Violence												
Sexual Assault												

Total Number of Victims Sheltered:

Unduplicated Number _____
Domestic Violence _____
Sexual Assault _____

Total Number Referred to Another Shelter Program:

Unduplicated Number _____
Domestic Violence _____
Sexual Assault _____

Total Number of Shelter Units:

(each person x number of days sheltered)

Unduplicated Number _____
Domestic Violence _____
Sexual Assault _____

Total Number Unable to Shelter Because:

Shelter Full	Undup. #	DV	SA
Inappropriate Placement			
On Risk List			